course acceptance form

For participants taking part in courses or private instruction at Wild Rock

participant's details: Please complete this form using BLOCK CAPITALS

I am over 17 years of age

course/activity | date/s

participant's full name

participant's address

postcode

participant's age and date of birth | tel. number

email address

next of kin | contact number

details of any special medical conditions which may affect your participation in this activity and any current medication that you are taking

PARTICIPATION STATEMENT FROM ROCK CLIMBING UK GOVERNING BODY, 'The British Mountaineering Council'
"The British Mountaineering Council recognises that climbing and mountaineering are activities with a danger of injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement".

I HAVE READ AND UNDERSTOOD THE ABOVE PARTICIPATION STATEMENT AND AGREE TO THE TERMS AND CONDITIONS OF USE AND RULES OF WILD ROCK AND AGREE TO BE SUPERVISED BY A WILD ROCK CLIMBING INSTRUCTOR OR STAFF MEMBER. I AM OVER 17 YEARS OF AGE.

Wild Rock will never sell or pass on any personal information to third-party companies or organisations.

participant's name in full

signed | date

Please complete this form in full and bring it with you on the day of your course

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